

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to make use of the following form.

**Health Department, City of Baltimore.**

Permit No. **A 261** Office of Registrar of Vital Statistics. Ward **12<sup>4</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

**CERTIFICATE OF DEATH.**

Date of Death, **June 8/87**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Henry Bayley**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **87** Years, Months, Days.

Color, **White**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Single**

Occupation, **City Missionary**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Ireland**

Duration of Residence in the City of Baltimore, **60 years**

Place of Death, { Give Street and Number. } **1731 McCulloh St**

Cause of Death, { First (Primary), Second (Immediate), } **old age  
Coma**

Duration of Last Sickness, **About 8 months has been sinking**

All the above information should be furnished by the Physician.

Place of Burial, **Green Mt Cemetery**

Date of Burial, **June 9<sup>th</sup> 1887**

Undertaker, **Stewart & Monroe**

Place of Business, **215-7217 Park Ave**

Address, **2102 Madison St**

Medical Attendant, **M. D. [Signature]**

[Signature]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Board of Health, City of Baltimore,

Permit No. A 262 Office of Registrar of Vital Statistics. Ward 5 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 8. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie Shipek

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 6 Months, Day,

Color, White

Married, Single, Widower, or Widow, { Cross out the word not required in this line. } ✓

Occupation, Nil

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 39. Little McElderry Street

Cause of Death, { First, (Primary). } Diphtheritic Croup

{ Second, (Immediate). }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Eden St Congregational

Date of Burial, 9 June 1887

{ Undertaker, Dr. Colbyfield }

{ Place of Business, 188 W High }

Alfred Whitchurch M. D., Medical Attendant

Address, 18 Easter Street

## Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 263

Office of Registrar of Vital Statistics.

Ward 2 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death, June 8<sup>th</sup> 1889

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elisabetha Setta. Beck

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 6 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } V

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Boston

Duration of Residence in the City of Baltimore, Boston

Place of Death, { Give Street and Number. } 249 (old) Broadway

Cause of Death, { First (Primary), Second (Immediate), } Gastric enteritis Eclampsia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 10 1889

{ Undertaker, W. C. Watchman

{ Place of Business, 1610 E. 7th Street Address, 1523 E. Baltimore

J. H. Miller M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to the Discourse of the Board of Health.

# Health Department, City of Baltimore.

Permit No. A 264

Office of Registrar of Vital Statistics.

Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.~~

## CERTIFICATE OF DEATH.

Date of Death,

June 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Ectoria Parker

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

2

Months,

Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore, lifetime

Place of Death, { Give Street and Number. }

906 Morris Alley

Cause of Death, { First (Primary),

Second (Immediate),

Accidentally burned

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

June 9<sup>th</sup> 1887

{ Undertaker,

Wm. W. Dingley

Place of Business,

150 E St.

M. D.  
Medical Attendant.

Address, 901 Strickler St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 265

Office of Registrar of Vital Statistics.

Ward 2<sup>1</sup>

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 9 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carrie A. Juemeyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Washington, D.C.

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, { Give Street and Number. } 521 S. Wolfe St.

Cause of Death, { First (Primary), Second (Immediate). } Scarletina

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 10 June 1887

{ Undertaker, John L. Frank

{ Place of Business, 265 Allentown Address, 1523 S. Fremont

*Fleming* M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 266

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 8<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Theresa G Glasgow

Sex, Male or Female, { Cross out the word not required in this line. }

Female

Age, 65

Years,

Months,

Days

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Hanford Co. Md

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, { Give Street and Number. } Old No. 164 Arlington Ave.

Cause of Death, { First (Primary) Chronic Desquamatative Nephritis.  
Second (Immediate), Uremia - (Convulsions & Coma.)

Duration of Last Sickness, Ill 6 days - fits convulsions 2 years since.

All the above information should be furnished by the Physician.

Place of Burial, Churchhill Hanford Co

Date of Burial, June 9<sup>th</sup> 1887

{ Undertaker, Henry K Mitchell

{ Place of Business, 1201 W Fayette

Address, 319 St Paul St. Ext<sup>o</sup>

J. P. Powell M. D.  
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 267

Office of Registrar of Vital Statistics.

Ward

12<sup>o</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 8<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Still

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

5

Months,

0

Days

Color,

Mulatto

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

537 Oxford St. Balt., Md.

Duration of Residence in the City of Baltimore,

Since birth

Place of Death, { Give Street and Number. }

537 Oxford St.

Cause of Death, { First (Primary),

Mosquitos

Second (Immediate),

Duration of Last Sickness,

Has never been ill

All the above information should be furnished by the Physician.

Place of Burial, Lawn Cemetery

Date of Burial, June 9<sup>th</sup> 1887

S. K. Manner

M. D.

Medical Attendant.

{ Undertaker, Dr. W. Bird Jr.

{ Place of Business, 97 Druid Hill Ave. Address, 420 W. Middle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 268 Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 11.45 P.M. June 7, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Arthur B. Wilson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 1 Months, 18 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } V

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 6 weeks.

Place of Death, { Give Street and Number. } 1313 Bayard St.

Cause of Death, { First (Primary), Convulsions, Second (Immediate), Asphyxia. }

Duration of Last Sickness, one week or more.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 9

Undertaker, J.B. Cook

Place of Business, 1007 W. Butter

H. L. Knapp M. D.

Medical Attendant.

Address, 513 Scott St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 269 Office of Registrar of Vital Statistics. Ward 8<sup>a</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 8<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frederick Harris

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, \_\_\_\_\_ Years, \_\_\_\_\_

9 Months, \_\_\_\_\_ Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

me

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balti-

Duration of Residence in the City of Baltimore,

lifetime

Place of Death, { Give Street and Number. }

600 Constitution -

Cause of Death, { First (Primary),  
Second (Immediate), }

Morbilli

(Measles)

anthrax

Duration of Last Sickness,

7 days

All the above information should be furnished by the Physician.

Place of Burial, Westview Cemetery

D. Street

M. D.

Date of Burial, June 8<sup>th</sup>

{ Undertaker, Fred Graebe

Medical Attendant.

{ Place of Business, 108 E. Carrollton Address, 483 W. Polk's -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LIST OF DISEASES ON BACK OF THIS CERTIFICATE.

# Health Department, City of Baltimore.

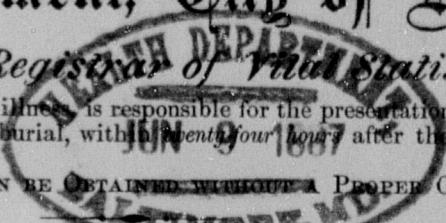
Permit No. A

270 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



14

B

## CERTIFICATE OF DEATH.

Date of Death,

June 8, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry Shirley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 24 Years, Months, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Laborer

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since Purchase

Place of Death, { Give Street and Number. } 1723 Lombard St.

Cause of Death, { First (Primary), Second (Immediate), } Consumption & Leucorrhea

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, June 11<sup>th</sup>

Undertaker, John F. Gossen & Son

Place of Business, 210 St. Peter's Street, Address, 1813 M. St., N. W.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]